

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [] sole/[X] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: Fusion Receptors Specific for Prostate-Specific Membrane Antigen and Uses Thereof

	·	,	Power of Attorney		
(Applicat	ion Serial No.)	(Filing Date)	(Status)(patented,pending,ab	andoned) (Patent	No. if applicable)
(Applicat	ion Serial No.)	(Filing Date)	(Status)(patented,pending,ab	andoned) (Patent	No. if applicable)
365(c) insofar States acknow	of any PCT intems as the subject ma or PCT internation redge the duty to on the filing date of	ational application tter of each of the al application in disclose materia	35 U.S.C. § 120 United States Code, § 120 In designating the United Signating the United Signating the United Signating the manner provided by the manner provided by the Information as defined in the united and the national or Position and the nati	States of America, list is not disclosed in the first paragraph of 37 CFR § 1.56 whice	sted below and, the prior United 35 U.S.C. § 112, I ch became available
the clai	ms, as amended b	reviewed and ur by any amendme rial to the patent	viedgment of Duty of Dis nderstood the content of the ent referred to above. I ac tability of the subject matter I Regulations § 1.56(a).	ne above identified s knowledge the duty	to disclose
(c) [X]	was described an September 3, 199		ernational Application No. I on	PCT/US99/20349	filed on
(b) []	was filed on	6	as Application Serial No.	and	was amended
(a)[]	is attached hereto).			
the spe	cification of which				
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Power of Attorney

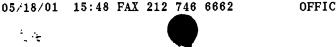
I hereby appoint Carl Oppedahl, PTO Reg. NO. 32,746, Marina T. Larson, PTO Reg. No. 32,038, and D'Arcy Straub, PTO Reg. No. 47,113 of the firm of OPPEDAHL & LARSON LLP, having office at P.O. Box 5068, Alpine Bank Center, 2rd Floor, 256 Dillon Ridge Rd., Dillon, CO 80435 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORB

MITENT TRACEMENT OFFICE

DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON LLP (970) 468-6600

• •				
NAME OF SECOND INVENTOR	LAST NAME Bander	FIRST NAME Neil	MIDDLE NAME H.	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Chappaqua	STATE OR COUNTRY OF RESIDENCE NY	COUNTRY OF CITIZENSHIP US	
POST OFFICE ADDRE 2 Hemlock Hill	ESS	CITY Chappaqua	STATE/COUNTRY ZIP CODE NY 10128	
DATE		SIGNATURE		
NAME OF THIRD INVENTOR	LAST NAME Gong	FIRST NAME Michael	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE New York	STATE OR COUNTRY OF RESIDENCE NY	COUNTRY OF CITIZENSHIP US	
POST OFFICE ADDRESS 1233 York Avenue #15N		CITY New York	STATE/COUNTRY ZIP CODE NY 10021	
DATE		SIGNATURE		
NAME OF FOURTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE & CITY OF RESIDENCE CITIZENSHIP		STATE OR COUNTRY OF	COUNTRY OF	
	CITY OF RESIDENCE	RESIDENCE	CITIZENSHIP	
CITIZENSHIP		RESIDENCE	CITIZENSHIP STATE/COUNTRY ZIP	
POST OFFICE ADDR		CITY	CITIZENSHIP STATE/COUNTRY ZIP	
POST OFFICE ADDR	ESS	RESIDENCE CITY SIGNATURE	STATE/COUNTRY ZIP CODE	
DATE NAME OF FIFTH INVENTOR RESIDENCE &	LAST NAME CITY OF RESIDENCE	CITY SIGNATURE FIRST NAME STATE OR COUNTRY OF	STATE/COUNTRY ZIP CODE MIDDLE NAME COUNTRY OF	





Claim for Priority

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

EARLIEST FOREIG	N APPLICATION(\$), FILED	WITHIN TWELVE M	ONTHS (6 MONTHS	FOR DESIGN) PR	NOR TO SAID
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED
		,	-	YES[] NO[]	YES[]NO[]
FOREIGN APPLICATION	ATION(S), IF ANY, FILED M	<u> </u>	T	DESIGN) PRIOR	TO SAID
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)		

Provisional Application

I hereby claim the benefit under 35 U.S.C § 119(e) of any United States provisional application(s) listed below.

60/099,138	September 4, 1998	
(application number)	(filing date)	
(application number)	(filing date)	
(application number)	(filing date)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE	LAST NAME	FIRST NAME	MIDDLE NAME
OR FIRST INVENTOR	Sadelain	Michel	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE New York	STATE OR COUNTRY OF RESIDENCE NY	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS 401 E. 89th Street #9K		CITY New York	STATE/COUNTRY ZIP CODE NY 10021
DATE		SIGNATURE	

[X] Signature for additional joint Inventor attached, Number of Pages 1.

[] Signature by Administrator(trix) or legal representative for deceased or incapacitated Inventor. Number of Pages ___

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages ___.



As a below named inventor, I hereby declare that:

the specification of which

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [] sole/[X] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: <u>Fusion Receptors Specific for Prostate-Specific Membrane</u>
Antigen and <u>Uses Thereof</u>

(a) []	is attached hereto.				T.	
(b) []	was filed on		s Application Serial No.		_and was a	mended
(c) [X]	was described and September 3, 1999		ernational Application No. on	PCT/US99/2	20349	_filed on
the clai	ms, as amended by tion which is materia	viewed and ur any amendme al to the patent	viedgment of Duty of Di iderstood the content of the nt referred to above. I ac ability of the subject matte Regulations § 1.56(a).	he above ider knowledge th	e duty to dis	close
365(c) insofar States acknow	of any PCT internation of as the subject matte or PCT international yledge the duty to dis n the filing date of th	onal application or of each of the application in sclose material	35 U.S.C. § 120 United States Code, § 120 In designating the United Section of this application the manner provided by the information as defined in tion and the national or P	States of Ame n is not disclo he first paragr a 37 CFR § 1.5	erica, listed b sed in the pr raph of 35 U. 56 which bed	elow and, rior United .S.C. § 112, I came available
(Applicati	ion Serial No.)	(Filing Date)	(Status)(patented,pending,ab	pandoned)	(Patent No. if a	applicable)
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Power of Attorney

I hereby appoint Carl Oppedahl, PTO Reg. No. 32,746, Marina T. Larson, PTO Reg. No. 32,038, and D'Arcy Straub, PTO Reg. No. 47,113 of the firm of OPPEDAHL & LARSON LLP, having office at P.O. Box 5068, Alpine Bank Center, 2nd Floor, 256 Dillon Ridge Rd., Dillon, CO 80435 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.



DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON LLP (970) 468-6600



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EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION						
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED	
				YES[] NO[]	YES[]NO[]	
FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION						
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)			

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(application number)	(filing date)	
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(application number)	(filing date)	

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NAME OF SOLE OR FIRST INVENTOR	LAST NAME	FIRST NAME Michel	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE New York	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS 401 E. 89 th Street #9K		CITY New York	STATE/COUNTRY ZIP CODE NY 10021
DATE		SIGNATURE	

		joint inventor attached.	

[] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages ____.

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages ___.



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the spe	cification of which					
(a) []	is attached hereto.					
(b)[]	was filed on	a	s Application Serial No.		_and was am	nended
(c) [X]	was described and on September 3, 1999		rnational Application No.	PCT/US99/2	0349	_filed on
the clai	ms, as amended by a tion which is material	riewed and una any amendmen I to the patenta	ledgment of Duty of Diderstood the content of the referred to above. I acability of the subject matter Regulations § 1.56(a).	he above iden knowledge th	e duty to disc	lose
365(c) insofar States acknow	of any PCT internation as the subject matter or PCT international and ledge the duty to discuss the filing date of the	nal application of each of the application in t close material	35 U.S.C. § 120 Inited States Code, § 120 In designating the United States of this application the manner provided by the information as defined in the inition and the national or P	States of Ame n is not disclo he first paragr i 37 CFR § 1.5	rica, listed be sed in the pric aph of 35 U.S 56 which beca	elow and, or United S.C. § 112, I ame available
(Applicati	ion Serial No.)	(Filing Date)	(Status)(patented,pending,at	pandoned)	(Patent No. if ap	pplicable)
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Power of Attorney

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SEND CORRESPONDENCE TO:

PATENT TRADEMARK OFFICE

DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON LLP (970) 468-6600

)	Claim	for	Dric
l .			

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COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED
				YES[] NO[]	YES[]NO[]
FOREIGN APPLICA	ATION(S), IF ANY, FILED M	ORE THAN 12 MONT	HS (6 MONTHS FOR	DESIGN) PRIOR	TO SAID
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)		
		Provisional An	alication		

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60/099,138	September 4, 1998	
(application number)	(filing date)	
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NAME OF SOLE	LAST NAME	FIRST NAME	MIDDLE NAME
OR FIRST INVENTOR	Sadelain	Michel	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE New York	STATE OR COUNTRY OF RESIDENCE NY	COUNTRY OF CITIZENSHIP US CANADA, PRANCE
POST OFFICE ADDRESS 401 E. 89 th Street #9K		CITY New York	STATE/COUNTRY ZIP CODE NY 1 0021 10 (28
DATE Feb 26,	2001	SIGNATURE WALLS	

[] Signature by Administrator(trix) or legal representative for deceased or

incapacitated inventor. Number of Pages

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages ___.

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NAME OF SECOND	LAST NAME Bander	FIRST NAME Neil	MIDDLE NAME H.	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Chappaqua	'STATE OR COUNTRY OF RESIDENCE NY	COUNTRY OF CITIZENSHIP US	
POST OFFICE ADDRESS 2 Hemlock Hill 5		СПҮ Chappaqua	STATE/COUNTRY ZIP CODE NY 10128 10514	
DATE 5/10/01		SIGNATURE Want		
NAME OF THIRD INVENTOR	LAST NAME Gong	FIRST NAME Michael	MIDDLÉ NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE New York	STATE OR COUNTRY OF RESIDENCE NY	COUNTRY OF CITIZENSHIP US	
POST OFFICE ADDRESS 1233 York Avenue #15N		CITY New York	STATE/COUNTRY ZIP CODE NY 10021	
. DATE		SIGNATURE		
NAME OF FOURTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS		СПУ	STATE/COUNTRY ZIP CODE	
DATÉ		SIGNATURE		
NAME OF FIFTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE	
DATE		SIGNATURE		

NAME OF SECOND INVENTOR	LAST NAMÈ Bander	FIRST NAME Neil	MIDDLE NAME H.
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Chappaqua	STATE OR COUNTRY OF RESIDENCE NY	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS 2 Hemlock Hill		CITY Chappaqua	STATE/COUNTRY ZIP CODE NY 10128
DATE		SIGNATURE	÷.
NAME OF THIRD INVENTOR	LAST NAME 3	FIRST NAME Michael	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS 1233 York Avenue #15N- 9373 Brooks Close		CITY New York Powell	STATE/COUNTRY ZIP CODE -NY 10021 OH 43065
DATE 3/1/01		SIGNATURE HISTARIA	Jours
NAME OF FOURTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE .	
NAME OF SISTU	LAST NAME	FIRST NAME	MIDDLE NAME
NAME OF FIFTH INVENTOR	E TO TO THE		
	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
INVENTOR RESIDENCE &	CITY OF RESIDENCE		T -

